

2022

2022: Global Ethical Think Tank

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Two years after the entrance of COVID-19, the entire ethical landscape changed such that COVID became the lens through which previous and new ethical issues are viewed. No longer can we debate *just* right to life issues without considering COVID's impact on patient isolation, separation, scarcity of resources and equipment, political influences, differentiation of care, and so on and so forth. With the emergent Omicron variant of COVID, it seems as if for years to come, we will reel from one pandemic to another with the same ethical issues to ponder.

How are we doing?

From the country of India, Jain, and Arora article one applies the Nancy Kass Framework in their evaluation and discussion of ethical implications of government surveillance of COVID-19 victims in Karnataka. Concerns are raised regarding violation of individual privacy, confidentiality, autonomy, and liberty rights to facilitate government mandated digital tracking of COVID victims. When it comes to public safety, are all human rights to be forfeited? A generalized fear of many is that of *function creep* and *user creep*. Stated differently, fear that expansion of surveillance would infringe into compulsory surveillance in the normal day-to-day life for unlawful monitoring and loss of freedoms. They conclude that while the government has a right to protect the public, these extreme measures must be retracted once the threat is removed.

Most likely following restrictions imposed by the COVID epidemic, the demand and use of telehealth have mushroomed. While telehealth technology presents as a safe and efficient method for providers to care for patients without risk of disease spread, O'Reilly-Jacob, Vicini and Duggan, all of Boston College, in article two discuss the ethics of access, inequity, trust and overuse related to reliance on this technology. They affirm that because it is not verified how telehealth influences trust between patients and primary care clinicians, a need exists to connect relationship science and human communication science to inform critical reasoning.

In article three, Mark Peacock of York University, Toronto, does a critique of Michael Sandel's work on financial incentives in healthcare. These incentives include financial disbursements to patients to lose weight, give up smoking, become sterilized, etc. Although COVID vaccination is not included in the possible incentivized items, the principle could be applied. Peacock agrees with the arm of Sandel's concern regarding the possible coercive nature of financial incentives but disagrees with his interpretation on corruption associated in financial incentives. The issue of monetary incentives is sure to resurface as greater threats to public health and safety emerge.

Wong and Yu, authors of article four share that each day at least 17 people in America die due to lack of available organs for transplantation. At present, there are 107,000 Americans on the waiting list for an organ transplant. How do we get more organs into the organ pool for transportation? Once again, incentivization of individuals is explored. They focus on a plan currently used by Israel system as a possible model to increase organ donation. In the Israeli plan, the Reciprocity and Priority Allocation System, (RPA) registered donors or actual donors receive points that will permit them (if still living) or their family members to have priority in receiving an organ. They perceive the RPA system as consistent with the principles of Autonomy. Regarding Justice, they submit that the verdict is still out and needs further discussion as it relates to payment of family for organs. When using points for organs as opposed to money, the RPA system appear to support Beneficence. Regarding Non-Maleficence, the system seems not to be compatible with this principle. Authors close with a framework in inform future ethical discussion surrounding an incentivized system for organ procurement. They conclude that as the need

for organs will increase, efforts need to be waged to elicit input from the public and social researchers to inform the debate.

In a screeching reality check, authors of Scranton University (USA), University of Sharjah, Bangladesh, SUNY, and Washburn University, remind of the current plight of global refugees. In 2021, 82.4 million people were forcibly displaced because of violence, wars, or persecution. They contend that the refugee status creates deleterious effects of resettlement trauma which is associated with chronic disease onset and poor cognitive, physical, and mental health outcomes. These issues are more amplified in female refugees. To mitigate this trauma, authors created a community-based rehabilitation program which they submit is culturally sensitive, trauma-informed and focused on the vulnerabilities of women. They used as a guide the Jhpiego Gender Analysis Framework (GAF), affiliated with Johns Hopkins University, to contextualize one example of a community-based rehabilitation intervention, “*Physical Activity*” (PA) programs. Further, they create an elaborate and very detailed guide for enactment of this model and end by giving extensive recommendations for caring for refugee women. Surely, this model has the potential not only to improve the care of refugee women but to save numerous lives.

Last, Dr. D’hara presents a poem: *A Doctor’s Sabbatical on a Pirate Ship*. If you study this poem carefully, you will uncover the mystery he attempts to bring forth in this parody of medicine and the pirate’s life. When you figure it out, let us know on our Facebook page.

Please take care and be blessed. So many tragedies are happening around the world. Each day there are more reports of violence, crime, illnesses, and death. **Stop** a moment and smell the roses. Go to the mountains or beach. Take a walk near the water. Call a friend and laugh. Above all else, find your source of **peace**.



Love you!